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ABSTRACT

The theoretical base and practical operation of the Learning Lab, a diagnostic teaching approach with learning disabled students, are described. The program's philosophy is said to be based on child developmental-interactional principles in an integrated intervention approach. The program is explained to feature one-to-one tutorial work, training of tutors and leadership staff, integrated use of an interdisciplinary team, and work with parents and classroom teachers. Also described are the following program aspects: outreach to public schools and adaptation of the model, a research component, and dissemination activities (including development of dissemination and training materials). A case study illustrates the match between tutor (a graduate student) and child. (CL)

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THE LEARNING LAB:

A Clinical Diagnostic Teaching Model*

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Basic to its more than 58 years work with children, Bankstreet believes that children grow and function as a total being, with the emotional, social, physical and intellectual dimensions interacting with each other and with the human and physical environments which surround them. Bankstreet views learning as part of the maturation process which depends on constant, sensitive, reciprocal interaction between the cognitive and affective development. In the introduction of their book, Sapir and Nitzburg (1973) state the need to relate knowledge about normal development to children with learning disorders:

> "...Important concepts about cognitive, social and emotional growth need to be considered. At a conference on "The Roots of Excellence," sponsored by the Bankstreet College of Education, Barbara Biber stated that:
>
> "...there is a very fundamental relation between learning and personality development. The two interact in what we speak of as a 'circular process.' According to Dr. Biber, mastery of symbol systems (letters, words, numbers), reasoning, judging, problem-solving, acquiring and organizing information and all such intellectual functions are fed by and feed into varied aspects of the personality for relatedness, autonomy, creativity and integration. The school has a special area of influence for healthy personality because it can contribute to the development of the ego strength. How a child is taught affects his image of himself, which, in turn, influences what he will dare and care to learn. The Challenge is to provide opportunities that will make the most of this circular growth process toward greater learning powers and inner strength."

The child is seen as a growing, dynamic being, not in a static state and the teaching or intervention process must respond accordingly as a dynamic, changing process. The philosophy of the Clinical Diagnostic

Teaching Model is based on child developmental-interactional principles which sees the child as an organism with a constitutional endowment, developing as it interacts with all aspects of the environment. There is a chaining of affect, cognition and social factors which cannot be separated from each other. Diagnosis emerges from the process of observing, studying and teaching the child.

Some basic principles of the Clinical Diagnostic Teaching Model are:

1. Commitment that all children want to learn and do.
2. That in order to learn there must be ego strength.
3. That teaching through the "island of health" provides successful experiences for the child so that there is a chaining of self-concept and cognitive skill.
4. That every person has strengths and weaknesses and a natural compensatory mechanism to overcome the weaknesses.
5. That in order for the natural compensatory mechanism to emerge there must be enough ego strength.
6. A partnership of trust and support must emerge between the adult and child that allows them to honestly explore the ways he or she can best learn.
7. Development of a program that integrates all learning: within the content areas (reading, writing, speaking), between the content and perceptual and thinking processes (decoding letters, discovering words and matching to each other), focusing on strategies and "learning how to learn" techniques.
8. Planning of a support system that provides opportunity for the child to function in multiple ways and on many levels. These supports must be planned for the school, home and community.

This Clinical Diagnostic Teaching Model implies a linking of treatment and diagnosis so that the continually emerging patterns of the child lead to the refinement and revision of strategies. It believes

that professionals working together from many disciplines can share their expertise and form a common body of knowledge, skill and a communication system that can provide better service to children. It has a commitment that only a totally integrated intervention program assists the child to become independent of his handicaps and allows for his natural compensatory mechanisms to emerge.

The goal of such a program is to develop children who can become adaptable, coping, competent people with educational and social skills that enable them to learn and function effectively. It accepts the fact that one of the most important facets of the success of such a program is the child-teacher interaction and the necessary attributes the teacher must have in order to provide successful experiences for children. She obviously must be sensitive and perceptive, must have fine observational and decision-making skills, must allow for the child's natural exploration of ways to succeed, must have knowledge of task analysis, information processing systems and child development theories. She must also be able to provide the back-up support systems (both cognitive and emotional) that will allow the child to proceed. Last but not least, she must be able to translate for the child, in simple language, the process the child uses that is successful so that the strategies that work for him can be encouraged and translated to others (family, friends, teachers).

This Clinical Diagnostic Teaching Model represents a commitment to the Learning Disabled child that he can and does learn; that he has his own strengths and compensatory mechanism; that these compensatory mechanisms can be encouraged to emerge through a support system of teachers,

resource persons, parents and peers; that these support persons must be committed to the view of the child as a competent person. Then, and only then, will cognitive strategies and techniques become transferable and integrated into more effective performance.

Education means learning for life. The curriculum for Learning Disabled children must provide an organizational structure that allows for the expression of thoughts and feelings about a large variety of experiences and permits the child to discover his own learning processes. The strength he gains will help him to share with his parents and teachers those things that he can do that will help him learn. The planned educational intervention uses a diagnostic teaching paradigm with continual diagnostic refinement and/or modification of the teaching strategies, and ongoing communication and consultation with teachers and parents.

Glaser (1972) has recommended a complete shift of emphasis from input-output variables to process related ones. This requires the integration of contemporary theories of child development, learning and human performance. The emphasis here is to foster "learning-to-learn" skills; to recognize that basic strategies can be developed; to design flexible instructional sequences in which the entry point in one sequence is determined by the capability of the child. It recognizes that with sufficient time and optimal circumstances all children are capable of learning. Underachievement is no longer viewed solely as a result of some inadequacy within the child, but may instead reflect the inadequacy of the interactive process between learner characteristics and variables within the instructional system. Although attempts may be made to individualize important concepts about the child's information processing system,

knowledge of what goes into a fact and the relationship of these to the communication system between two persons is crucial.

Sapir and Nitzburg (1973) state that children are developing organisms constantly changing. Current approaches fragment the understanding and treatment of the child. They do not allow for treatment on all levels simultaneously-cognitively, emotionally, experientially. The tendency is to do visual-perceptual training in one place with one person, reading instruction with another, language training with a third and psycho-therapy detached from the learning environment with a fourth. It is not possible to isolate learning problems from every other aspects of the growing child. What is needed are "child specialists" who understand therapeutic procedures within a framework of diagnostic teaching and diagnostic counseling (Sapir-Wilson 1978). The child specialist must understand the child's feelings as well as his thinking processes, be able to analyze a cognitive task, determine a child's learning style and relate it to the child's personality and temperament. This is an attempt to "reintegrate" the child and to establish the view that all children, including those in trouble, have normal developing processes. Children have biological strengths and weaknesses which interact with their environment, helping or hindering their growth. The child needs to develop emotional strength that allows for trust and autonomy and permits freedom of play and exploration before symbolic knowledge is possible. For those children with biologic weaknesses, it is the emotional strength that allow for the compensatory mechanism to function. With the diagnostic-teaching model the teacher understands the relationship of educational growth and the development of self-concept as they change and enhance learning. Knowledge, skills

and strategies become the core of the important interaction between the child and teacher.

For those individuals or institutions who see this diagnostic-clinical model as a utopia, it is suggested that it is a far simpler program to put into effect than other models. It does involve some retraining and reorientation of teaching personnel. This is best accomplished right on the job by having a resource person (regardless of discipline in which trained) who can encourage, support, make suggestions, be patient but persevering, demonstrate and be generally knowledgeable, sensitive and perceptive to the needs of teachers and children. Change is slow and takes effort. It is far easier to follow what someone tells us to do than be a keen observer, a task analyzer, a decision-maker and a curriculum developer. But given time to explore, teachers with the help of supportive resource persons will become autonomous, capable and responsible for the individual needs of each of their "learning disabled" children.

At the very least, they should be allowed to develop their own tools for studying children. If they use tests or developmental scales and if they can understand that tasks, tests or scales are only as good as the observations they elicit, they will then evolve a scientific method of taking hunches (hypotheses), testing them out, and drawing conclusions to see if it brings success. Such type of teacher training develops creative, thinking, responsible and accountable personnel who will be able eventually to teach children and take leadership in the training of others.

A description of the Learning Lab will explain how we make the theoretical base of our Clinical Teaching Diagnostic Model operational.

The author has directed a learning laboratory for children with specific learning disabilities. The basic mode of intervention is a diagnostic teaching method in which diagnosis and teaching are ongoing and inseparable. Integral components of this approach include:

1. one-to-one tutorial work with the child;
2. concomitant training of the tutors and leadership staff;
3. integrated use of an interdisciplinary team, and;
4. work with parents and classroom teachers.

1. The Tutorial work with the children

Twenty-three children are currently being tutored on a weekly basis. Each child works with a Bankstreet College graduate student throughout the year. These children were screened and selected as follows: Over 1,300 children were observed by project staff in the following ways:

15 classes, approximately 525 children were observed in P.S. 75
15 classes, approximately 525 children were observed in P.S. 84
2 kindergarten classes, approximately 60 children, were observed in P.S. 166
8 classes, approximately 200 children, were observed at Bankstreet School for Children

In addition, 10 children were referred from the Puerto Rican Family Institute, and 4 children were observed from Blythedale Hospital Treatment Center.

Each of the liaison personnel to the schools spent 2½ days a week for 3 weeks in this procedure looking at all the children in the classes they visited and paying special attention to children identified by teachers as needing help. Of the 1,300 children, 165 children were selected, individually seen and carefully observed. Discussions were held with these children's teachers and informal assessment techniques were used.

Forty-six children were then selected and matched for research purposes, using the criteria specified in the proposal with respect to problems in academic achievement, cognitive abilities, perceptual motor abilities, and individual learning styles. The matching was based on the type of learning problem, age, personality and cognitive style and academic performance.

Each graduate student with his/her supervisor was given the names of 2 or 3 matched pairs (selected in terms of the graduate student's personality style and needs) from which he/she selected one pair. A coin was tossed to determine with which child of the pair the tutor would work. The other child of the pair was used as the control.

The graduate students continued to work with the children through May, 1978, increasing their contact to two one-hour sessions per week--one at Bankstreet College, and one at the child's school.

Plans for years 2 and 3 are to repeat the tutorial design with new groups of graduate students. A few graduate students from this year will serve as supervisors next year. Some of the children who are being served this year will continue to be served next year, although with a different teacher-tutor. The remaining slots will be filled through a similar screening process as implemented in year 1. However, the matched-pair design will not be initiated for new participants (but will continue for the sample retained from year 1), and a refined screening process--based on modifications of those used in year 1--will be employed.

2. Training of tutors and the leadership staff

The training of the tutors and leadership staff includes:

a. seminars - 3 hour sessions weekly, including:

1) project staff - lecturers, discussion of readings, demonstrations
2) guest lecturers
3) interdisciplinary team analysis of videos

b. small group and individual conferences with supervisors:

1) 6 supervisors working with each of 4 graduate students
2) weekly individual or small group meetings to analyze videotapes, review logs on the child, review progress of child, plan further strategies

c. leadership training for supervisors:

1) participation as members of the interdisciplinary team
2) semi-monthly group meetings with the instructor, coordinator and project director to review progress of graduate students and children, plan next steps for training of tutors and, intervention for the children, and discussions of leadership roles and supervisory processes.

The seminars, the work with supervisors, and the leadership training for supervisors have been in progress since September, and will continue through May. This design will be repeated in years two and three of the project.

3. The interdisciplinary team

The interdisciplinary team consists of the teacher-tutors who work with the learning disabled children; their supervisors (one for every four graduate students); medical personnel (a child psychiatrist and a pediatric neurologist); a psychologist, a speech pathologist, a language specialist, a social worker, an early childhood specialist and graduate faculty members.

The group meets weekly in three-hour seminars to review videotapes of tutorial sessions, to discuss child characteristics and to refine the diagnostic-treatment process. These meetings continue throughout the year.

4. Work with parents and classroom teachers

Work with parents in the Learning Lab occurs both individually and in groups. Parents are invited to participate in a group and in this supportive environment to share their feelings, expectations, past failures, and to become more sensitive to the needs of the child. Parents have also requested sessions on ways to work with their children.

Parent meetings began in January 1978, and were held at two-week intervals for interested parents. In addition, a staff member has been assigned as liaison to the community and has been in contact with parents individually, as needed, since December.

Parents have been very open and shared information (medical, behavioral and environmental) about their families and children beyond what had been known previously.

Group meetings at Bankstreet with teachers whose children are participating in the tutorials were held in February, March and April. In addition, each school has been assigned a resource person from the project who has been serving as a liaison and working in the schools on a part-time basis (approximately 1/2 day each week) since October.

The plans for next year are to repeat the design for parents and teachers. Teachers who are located in the school selected for intensive work will have more extensive involvement with Bankstreet staff (see section below on Outreach to Public Schools).

A. Outreach to Public Schools and Adaptation of the Model

> "To replicate the model demonstration center in a public school(s) through staff development and the introduction of a leadership resource person to serve as a staff developer and support person to teachers and children."

As part of the outreach and collaboration with public and independent schools, a leadership resource person from the Project has been assigned to each of the participating schools--P.S. 75, P.S. 84, P.S. 166, the Bankstreet School for Children, and the Puerto Rican Family Institute. The liaison person spends approximately 1/2 day per week in the school.

Each liaison person has established relationships with teachers, facilitating initial screening and selection of children, and providing help to teachers on an informal basis. This work will continue throughout year one and year two. However, in year two, one school will be selected for adaptation of the model into that setting. The "liaison" role will be extended to that of staff developer with a commensurate increase in the time spent in that school.

The school selected for "replication" or adaptation of the model will be one of the schools currently participating in the program, with selection based on the following:

- need for the services
- an indication of cooperation and support of the school administration
- an indication of support and interest of the teaching and other school personnel
- a willingness by the school administrator to allow time for staff development for participating teachers
- a commitment from the school administration to share with the Bankstreet Project in providing personnel for the program

Objectives for adaptation of the model in the school include:

a) introduction of the diagnostic teaching model to teachers and other school personnel

b) reorganization of the special services in the school so that specialists serve as support personnel for teachers
c) introduction of the concept and functions of an interdisciplinary team for diagnosing children's educational needs, and planning educational strategies, and
d) providing staff development for interested teachers by conducting bi-weekly seminars and by increasing interactions among the teachers, specialists, and Bankstreet liaison staff

The staff development effort will focus on:

- changing attitudes
- assisting participants in increasing their knowledge and understanding of children with specific learning disabilities
- assisting participants to develop skills in observation and assessment, task, analysis, and developing educational strategies for each child

The staff developer from the Bankstreet Pro ect will conduct regular bi-weekly seminars with the group of participating teachers, meet individually with the participants, work in the classroom modeling ways of working with children, and serve as a member of the interdisciplinary team. Use of video tapes of work with children, and case study techniques will again be a major mode of training. Participants who complete the program may earn 2 graduate credits from Bankstreet College

Efforts will also be made to influence the assignment of children with learning disabilities to classrooms of teachers who might be the best "match" for them.

B. The Research Component (Mayer, 1978)

1. Accomplishments achieved and planned--first year.

The accomplishments, to date, of the research component are described below in relation to each of the evaluation objectives identified in the original proposal.

a. "To validate the model through the measurement and verificiation of changes in children served in school achievement, self-concept, behavior, and interpersonal relations."

Three sources of data will be used to assess the effectiveness of the tutorial sessions and the growth in the children served. These are:

- Results from a standardized test battery administered at the beginning and end of the tutorial program to children who received tutoring and to children who comprise a matched control group. During the screening process, children with similar learning problems of approximately the same age were paired. One member of each pair was randomly assigned to a graduate student and the other to the control group. At present, the pre-test data has been collected on all children in the study and is currently being organized and scored for each child.

- Analysis of change in child behavior as revealed in videotapes of tutorial sessions collected toward the beginning and end of the Practicum. To date, each child receiving tutorial help has been videotaped three times. Dimensions for analysis of the tapes are currently being determined.

- Graduate student logs and case summaries on the progress of each child. Graduate students keep records on each of the tutorial sessions and periodically write case summaries on the child with respect to the child's temperamental characteristics, emotional development, social behavior, perceptual-motor development, cognition and basic skills. This work is currently in progress. In addition, dimensions for a case study guide are currently being refined for use by the graduate students.

The content and procedures of the data sources described above are largely congruent with plans specified in the proposal. However, some shifts have occurred.

- A matched control group design was implemented instead of the stated intention to assess change in children by comparing their progress in the program with their performance in the prior two years. This change was made because the matched control group design offers greater experimental rigor. Also, some changes were made in the selection of instruments for the test battery as more information emerged regarding the relative merits and psychometric properties of the various tests available.

Following is the Instrumentation for the Standardized Test Battery:

- self concept	Draw-A-Man
- expressive language	Detroit Absurdities WISC-R picture completion
- receptive language	Detroit Commissions Peabody Picture Vocabulary Test
- general intelligence	WISC-R (or WPPSI) vocabulary subtest WISC-R (or WPPSI) block design subtest
- perceptual	Bender
- reading	Roswell-Chall WRAT: reading
- spelling	WRAT: spelling
- arithmetic	WRAT: arithmetic
- temperamental characteristics and attentional factors	Conner's Rating Scale

- An effort is being made to identify dimensions for analysis of the videotapes. We are searching for a system to analyze both the matching procedures and the interaction process of the tutorial-child relationship.

With respect to this objective, anticipated activities for the remainder of this year and next include:

- collection of the post-test data and analysis and report writing of the results.
- coding of the videotapes and analysis and report writing of the results.
- integration of the information from the graduate student logs and case summaries into selected case studies.

b. "To clarify, refine and document the procedures, techniques and instruments used in screening children with specific learning disabilities."

A rating form to identify the characteristics of children with learning problems was developed and used by teachers, supervisors, and graduate students during the screening process. The outcome of the screening procedures used this year are currently being examined in relation to

alternative procedures and a report with recommendations for refinement in the screening process is in progress.

c. "To clarify and refine the nature, the process, and the role of non-hierarchical interdisciplinary team."

The meetings of the interdisciplinary team are currently being audio-taped and transcribed. The transcripts will be used as a basis for a descriptive analysis of how the interdisciplinary team functions. Contrasts will be drawn between the classical clinic model, as described in the literature and this model to identify differences between the approaches.

The project also had as an aim to:

"Evaluate the effectiveness of this interdisciplinary group in relation to the generation of productive intervention for the children."

Relevant portions of the transcripts of the interdisciplinary team meetings will also be used as part of the individual case studies. The case studies will examine the contribution of the interdisciplinary team meetings in the overall work with the child.

d. "To identify and clarify those factors in the teaching-learning process which are pivotal for successful change in children with specific learning disabilities, and particularly those factors which are not identified or measured in standard diagnosis or achievement tests."

As in the case of objective 1, the major sources of data will be the analysis of videotapes of the tutorial session and the graduate student logs and case summaries. As it relates to this objective the videotape analysis will be concerned with adult behavior variables, learning task variables, and interaction variables as well as child behavior variables. The delineation of these variables as well as the collection of videotapes is

in progress. One strategy which is being used to identify significant variables is to examine and compare videotapes of tutor-child pairs where the child made major gains and where the child's gains were minimal.

e. "Measurement of growth of the teacher-tutor graduate students as they become more competent, more sensitive and more aware of the interactive forces."

Three sources of data will be used to assess the growth of the graduate students. These are:

- The videotape analysis mentioned above
- The logs that the supervisors are keeping on each graduate student, and
- The results of a pre-post test of the graduate student's ability to analyze children's personality characteristics and learning problems, and to develop education plans for children in relation to each child's strengths and needs. These competencies are being assessed through an analysis of graduate students' written responses to viewing videotapes of three children with distinctly different learning problems and behavior characteristics. These videotapes were shown and pre-test data collected at the beginning of the Practicum. This exercise will be repeated at the end of the Practicum. The data will be analyzed and reported. Current plans also call for a description of the supervisory process based on interviews with supervisors and on the logs that they keep. Although these plans and procedures capture the spirit of measuring the growth of the graduate tutors, they represent a considerable elaboration of the specifics mentioned in the proposal.

All of the data discussed above has been collected in year 1, although some of the analysis and report writing will take place in year 2.

2. Research Design for Second and Third Year

Two objectives are cited in the funded proposal for the Evaluation Plan during years two and three of the project.

a. To identify the essential characteristics of competence, temperamental personality in the Specific Learning Disabilities teacher and requisite child-teacher compatibility.

This objective is very much in line with the research plan of year one, and its implementation will consist of an extension of the data collection and analysis procedures initiated in year one for those children who continue to be served a second year in the program. This sample will provide the data for longitudinal case studies. In addition, it will be possible to compare the relative merits of tutorial strategies used by different adults with the same child. The variables identified during the pilot studies of year one will be further studied during year two, with the aim of identifying the significant factors. The sources of data for this study include:

- pre-post test for graduate students
- post test only of standardized test battery developed in year one for children receiving a second year of tutoring
- graduate student logs of tutorial sessions and case summaries
- supervision logs of meetings with graduate students
- videotape analysis of tutorial sessions
- transcript of interdisciplinary team meetings related to the sample children
- information from teachers and parents about the child

b. To evaluate the pilot replication of the model in one education institution.

This objective relates to the research for the program in the public school setting. The objectives of the activities in the public school are described in the preceding section.

The research concerns for this component next year will be:

- To provide a descriptive analysis and assess the impact of the reorganization of special services through (1) records of the contacts between specialists and teachers and specialists and children; (2) interviews with specialists, teachers and the Bankstreet liaison.

- To assess changes in the knowledge, attitudes and classroom practices of teachers by means of (1) informal classroom observation by the liaison of teacher's curriculum, teaching strategies and approach to individualization; (2) interviews with specialists, teachers and the Bankstreet liaison and (3) administration of the pre-post test to teachers for analyzing videotapes of children with learning problems.

During the third year of the Project the research design for the public school setting will provide a more in-depth assessment of the teachers who continue to receive staff development training and the impact that these activities have on children. Where possible, the following data sources will be added to those already cited:

- Systematic classroom observation of classroom practices and patterns of teacher-child interaction, to assess change over the course of the year.
- Collection and analysis of videotapes of teachers working individually with children.
- Analysis and comparison of standardized test scores from school files of children in classrooms with participating and non-participating teachers.

C. Dissemination Activities and Development of Dissemination and Training Materials

"To generate written and multi-media materials to be used for dissemination and training purposes," and to prepare tapes and written materials demonstrating all of the aspects of the work with the child, teacher, and parent for dissemination to other interested parties."

Videotapes of the one-to-one tutorial sessions with the children have been collected on a regular basis since the tutorial sessions began in late November 1977. Half hour segments are videotaped each week for four tutor-child pairs. This means that each of the 24 tutor-child pairs is videotaped once every six weeks. The training sessions with the classroom teachers and the parents are also being videotaped.

Plans are to continue the videotaping as described above to be used, not only as a training mode but also to accumulate case study records of different types of special learning disabilities and teaching strategies for working with the children. Future plans include development of complete videotapes to use for training and dissemination purposes.

The interdisciplinary team seminars are being audiotaped and transcribed. The tapes and transcripts will then be used to develop descriptive materials on the role and function of an interdisciplinary team.

Additional materials for dissemination will include research studies and reports, and project reports. A pamphlet describing the project is currently in preparation. For the dissemination component, this first year of the project is being used to collect the necessary data and information. Plans are to push further toward development of the materials in the second and third years of the Project.

In addition to the development of materials, the dissemination activities include a "demonstration" aspect for visitors to the program and presentation of the model at conferences and meetings.

To give an example of a Case Study, a presentation made by Ann Welborn, a supervisor in the Learning Lab will be included as follows:

I. THE GRADUATE STUDENT

Jane is a mature woman who is introspective and somewhat verbally guarded in her contacts with others particularly in terms of her personal life. She is highly intelligent and witty. There is a slight tinge of cynicism on the surface. But underneath, if one is fortunate enough to know her well (and this is not easy), one finds enormous sensitivity, warmth and a beautiful, almost naive sentimentality. Although she has much insight into herself and others, she is often reluctant to express herself, particularly in the presence of more assertive personalities. One gets the feeling that her silence in no way is a withdrawal. She is a keen observer and a keen listener, rare qualities that are extremely valuable in her work.

She chooses her words carefully and is low-keyed and gentle in her approach to children. She has about her at times a quality of sadness. She is realistically self-questioning and self-critical and responds positively to suggestions without in any way feeling threatened. If anything, she is somewhat hard on herself, forever searching for a better way and asking of herself how she might have done better.

She is highly organized and structured without being rigid and is, in fact, flexible and spontaneous.

She is able to shift gears, to seize the moment so to speak, and to use it creatively to teach. She has an impressive ability to take advantage of an unexpected happening and to turn it into a learning experience.

These qualities will become dramatically apparent if I am able to do justice to the quality of her work in my presentation.

Background

Jane was born in England and spent time teaching elementary school there. She graduated from Columbia University having majored in English and has completed her course work at Bankstreet. Her independent study will be a case study of Bill and she will supervise in the Practicum next semester. Her fieldwork was with 5s and 6s at Bankstreet and at the St. Luke's Therapeutic Nursery. She also did volunteer work both at St. Luke's and at the Reece School where she worked with emotionally disturbed pre-school children. She has just begun privately tutoring children with learning problems.

She took the Practicum with the hope of gaining more knowledge and experience in working with "learning disabled" children. She felt that in order to grow professionally, since most of her background had been with emotionally disturbed youngsters, that she needed to focus more directly on the processes of learning and on techniques of dealing with deviations in these processes.

Type of Child Desired

Thus, Jane expressed the desire to work with a child with reading problems. I was present at the time of her first interview with Bill and I sensed an immediate rapport. Perhaps I too am being sentimental in my reflections but there seemed to me to be a mutual attraction between this very small and soft-spoken child (who exhibited a quality of helplessness) and this very soft-spoken nurturing woman. I must mention here two

additional details which I feel to be worth noting. Jane has no children of her own, and in the beginning of the semester Jane's own mother passed away. I will not elaborate on what I feel to be the significance of these facts but will only express my belief that they provide an additional dimension to the relationship which developed between Bill and Jane.

During their brief meeting Jane read a story to Bill (this activity continued over the year to be one of great and meaningful sharing between the two and one which was to become a ritual in their sessions together). Bill was well focused and involved. Although we noted an articulation problem and a somewhat passive quality to his communication, his vocabulary was excellent.

Although his teacher indicated (as did his mother) that Bill was distractable, somewhat hyperactive and frequently difficult to control, we observed none of this. School reports described him as a non-reader. Jane was quite clear in her preference for working with this child and was delighted when he was chosen.

The Match (Tutor and Child)

Although I was not involved in the matching process, for some reason there was little doubt in my mind that this would indeed be the match. I think this conclusion was based on my gut feeling about the manner in which the two related, as well as my faith in the knowledge and sensitivity of those making the choices.

Predictions for Growth of Child and Tutor

My predictions for growth were extremely positive, both because of my belief in our model and because of my strong impression that Jane's style was completely compatible with our approach.

Concerns

We know very little of Bill's background and this was of great concern to me as well as to Jane. Such concerns we were later to find out were well founded.

Bill's Background

Bit by bit in their early weeks together Jane learned some of the details of Bill's history. Much of this was revealed to Jane by Bill's teacher who became increasingly communicative with her.

Bill is an adopted child. Information about his biological family and prenatal history is not available. It is assumed by the teacher that he is the product of an interracial union. His adoptive parents are white. There are two older natural children. Bill was adopted at a time when the marriage was undergoing many difficulties with the hope that the new baby would bring the couple closer together. Such was not the case and the marriage ended in divorce. Bill's father who was a physician remarried and all of the children spent time with him and his wife. A few years ago Bill's adoptive father committed suicide by injecting himself with an overdose of demeral. Bill and his siblings still maintain contact with the second wife of the adoptive father. This is reportedly a positive relationship. Interviews with his adoptive mother revealed that she is not certain as to whether or not Bill knows that he was adopted. Additionally, it is her belief that all of the children think that their

father's death was an accident. Our own contacts with Bill lead us to the opinion that his awareness of these very loaded issues is keen, albeit confused. Moreover, his many conversations with Jane involving the subject of racial differences indicate much concern regarding his own identity.

The Process

Jane's priority was, of course, to establish a warm and trusting relationship with Bill. She immediately sensed his fearfulness of relating to others and the careful distance that he kept. She accepted this without feeling (as some might) rejected, and respected his need to defend himself in this manner. In order to better understand this very complicated child, she began to assess his weaknesses, his strengths, and his style with a variety of innovative and non-threatening activities. EXAMPLE: Bill had been playing with the miniature toy animals that are part of the several beautiful games that Jane devised. She was interested in determining his dominance and asked him to pretend that he was a hunter who was out shooting wild animals. She rolled up a piece of paper, telling him that this was his spyglass. She asked him to close his eyes while she hid some of the small animals about the room. Then she asked him to put the spyglass to his eye and to try to find the animals. He thoroughly enjoyed the game as he did the pretend football game that followed (in which he passed and kicked an imaginary ball). With these non-threatening activities, Jane was able to get a great deal of information.

Description of Bill

D.O.B.: 10/2/70; CA at intake - 7

There are many Bills. Perhaps this is one of the most significant observations that I can make. His moods and, indeed, his very tempo shift dramatically. Environmental factors greatly influence these shifts. Thus, in describing him, I will do so in terms of his behavior in the very supportive and structured situation with which Jane provided him.

Physical Appearance

Small (appears physically like a 5-year-old, handsome, neatly dressed).

Temperament

Highly focused (1-to-1 setting)
Persistent
Perfectionistic -- sometimes overly. This interacting with his feelings of inadequacy produced defeatism and withdrawal
Distractable in overly stimulating situations (observed at first party)

Affect - Emotional Development

Frequent mood shifts; fearful, passive, afraid to risk involvement
Little eye contact
Or open, spontaneous, charming--good eye contact
Shifts from aggressive to regressive (infantile)
Shifts from quality of helplessness to independence
Asks many significant questions of Jane (feels free to do so)
He's like his tutor and is a questioner

Social

Difficulty relating to peers
Competitive (has expressed feelings of inadequacy due to his size)
Generally relates to adults with caution but is at times surprisingly open

Expressive Language

Articulation difficulties (delayed development)
Infantile quality and syntax. This is not consistent.
Sometimes extremely sophisticated. Passive quality but
sometimes very expressive and spontaneous

Receptive Language

Excellent ability to follow directions

Concepts

Excellent number concepts; able to categorize, predict logically
and generalize
Some concrete thinking evidenced

Gross Motor

Awkward, clumsy gate

Fine Motor (righthanded)

Extreme tension in pencil grip
Needs to put much energy and effort in fine motor tasks
(See Dr. Migel's report on next page)

Auditory Modality

Difficulty discriminating short vowel sounds
Auditory sequential memory; possible processing difficulties

Visual

Some weakness noted in visual memory

Academic Development

Strong in math concepts (2.5-5/78 PIAT Math
Reading and spelling poor (comprehension good)
Poor sight vocabulary
Began as non-reader; now able to decode simple 3-letter linguistic
patterns (mat, men, cap)
Reading at first grade level; has developed some sight vocabulary

Dr. Migel's Evaluation

1. Maturational delay (generally at 6-year level)
   Delayed motorically (Gross and Fine motor delayed)
   Overflow noted in some tasks

2. Might have been premature high risk infant. This combined with environmental problems may be significant factor in child's development.

3. Well-focused, persistent, well related during interview

General Description of Tutorials

Jane exhibits both flexibility and structure. Her planning is well organized and creative. Each session is linked to the next so that the entire year was beautifully and appropriately coordinated. She recognized Bill's need for repetition and reinforcement and developed a variety of entertaining and non-threatening activities to provide him with this. She is low-keyed and warm. She makes beautiful original materials. She chooses her words carefully and knows the value of silence (she does not feel the need to keep up the verbal interaction recognizing that well-placed silence is very positive). She is very sensitive to Bill's needs and quick to pick up on his verbal and non-verbal clues. Her timing is beautiful. She does not rush in impulsively, but weighs her actions and words with care. She is aware of this child's emotional difficulties and uses great control and discretion so as not to open up a Pandora's box.

Bill and Jane both possess and appreciate a sense of humor. They work seriously together but they have a wonderful ability to play (they frequently sing together to reduce tension for Bill).

Jane was aware of what caused Bill anxiety and structured their sessions in a way which reduced the possibility of the occurrence of such anxiety. She is able to help him to shift to another activity without being arbitrary.

Her maturity, her wisdom, her orientation, her restraint, and her spontaneity combined to make the tutorials moving to be observed, and of undoubtedly tremendous impact and value to both Jane and Bill.

Videotapes

The videotapes exemplified all of what I have described. In the composite it is particularly interesting to trace the growth of trust between the two (the change in Bill's affect and his increased eye contact). The tapes clearly convey the extraordinary quality of their interaction and the importance of their relationship. Also in observing these tapes, one comes aware of Jane's masterful timing and sensitive choice of words. One senses the magic of a beautiful match.

Bill's language patterns and his mood contrasts are also highly visible in the tapes. His problems with aggression, fears about death, and concerns with his size and his academic inadequacies are also very clear.

Jane's ability to stand back and allow Bill space and silence is dramatically illustrated inthe segment on the composite where he looks at the book without words.

Log

It is impossible for me in the time and space available to describe Jane's log, which reflects perfectly and totally the quality and content of her work as well as the growth of a most beautiful relationship.

Thus, following a very brief description, I will present some quotes which I feel will illustrate in part what happened to these two individuals in their months together. Jane throughout her log asks many important questions. She is self-critical and recognizes when she has "goofed". At the same time she has faith in her ability to grow and immediately suggests what she will do about her "goof" (her word not mine). In reading her log, I found myself both laughing and crying. Her work is integrated and creative. The therapeutic nature of this relationship is clear as is the educational. One does not often have the opportunity to see such a beautiful balance in operation. Before presenting quotes from the log, I should mention the fact that Jane audiotapes each tutorial session, thus she has the opportunity before logging the session to re-examine their content.

Growth of Insights and Trust (Information from Jane's Log)

2nd Session

> Jane observed the beginning of the "silly" behavior which frequently occurred during their sessions. When certain tasks are presented in which he feels insecure, the silliness occurs. Jane picks up his frustration and talks directly with him about it.

5th Session

> She notes "When he gets into an area where he is not so sure of himself, he becomes more impulsive and as he begins to do poorly, the anxiety grows and the impulsivity increases."
>
> "My feeling is that he is in need of and wants structure and responds well to it. I'm sure from seeing his reactions to the other boys that in the classroom he is constantly aware of and interacting with the other kids and thus cannot focus on any task."

Sensitivity to His Needs and Style

6th Session

Jane asks if she should finish a story she's been reading or whether she should stop and finish it next week. "He wants to finish now. I feel his need to end something appropriately is a good indication of his own sense of order and will be a valuable asset in his learning process."

Noting his interest in labels and in being read to, "I'm sure he wants very much to read."

Awareness of His Need for Success

"I told him that I had heard something fantastic about him from Ann with whom he had met last week. I told him that I knew he could read some words and how great that was. I told him that I had made him a book and that I had the feeling he would read all the words in it." (She shows him the book "At" family.) She knew he could read this. "He read it all and I said, 'Bill, you've been holding out on me.' I tickled him in the tummy. I often put my arm around his shoulder and tussled his hair and he accepts that. But this time he giggled and seemed pleased by this physical contact."

Self-Criticism and Self-Awareness

"This I'm afraid was a real mistake on my part and I'm angry with myself that I was being so precious about my materials. It would have been so good for him to have had it, but I will make him 'Dan the Man' next week. I can only hope I didn't miss my chance." She forgot some of her materials and as she was looking through her things she said, "What a dummy I am to have forgotten the paper." In a very quiet voice Bill said, "You're not a dummy." ("I really did not hear this until I'd played my tapes of the session and was struck by the sadness in Bill's tone when he said it.")

"I told him how proud I was that he knows so many words and how well he'd done in reading two whole books. "That's very good," I said. On the tape I heard a very faint "no." He obviously does not feel at all good about himself.

Development of Trust

"I gave him a book which he had read the week before knowing how much he enjoys repeating things that he succeeded at." She doesn't tell him he's wrong when he makes a mistake but rather she provides him with a strategy. A way of correcting himself.

"When he made a mistake and said "Nan" for Nat," I pointed to the T and said the last letter is important and it's important to look at all the letters." Then he self-corrected.

Back at P.S. 75 Bill says that he can go back to his classroom by himself. "I said it was a Bankstreet rule we had to take the kids all the way back to the classroom. I did not want him to think I did not trust him."

Growth of Insight Into Way That He Operates

She is able to pick up on the behavioral clues that he gives in regard to his emotional needs and he comes more and more aware of his vulnerability. She asks, "When should I step in? How much should I talk about these things?" She doesn't impulsively rush in. She knows the importance of choosing her words carefully.

"With such a poor self-image it is to be expected that Bill will find it hard to accept compliments. Does one just pour them on whenever they are appropriate or should I talk to him about this. I feel he might be willing to hear." She again asks the important questions and I think then knows the answers.

Jane's Ability to Utilize Every Aspect of the Learning Situation

During a rhyming game they were working with words with all at the end. They arrived at the word tall. Jane notes, "I asked if he knew what tall was and asked how tall is Bill? Bill replied, 'little.' I said you're not; let's measure you. Bill replied, 'I want to be big.'" Jane had a tape measure (she was prepared for this). She measured him and wrote it down--4'2". They both read this several times. "He was very subdued." Jane asks in log, "Is his teasing of big boys related to feelings of smallness?"

Therapeutic Nature of Relationship Grows
Jane Uses Bibliotherapy

She reads to him at almost every session and does not question him about the story but rather allows him to listen and think it through himself. She read such books as Crow Boy, Two's A Team, There's A Nightmare in my Closet, etc.

My Feelings

I remember this little one when he first came to us, passive and fearful, with little eye contact, afraid to risk involvement, and now I see the growth in this relationship and his giving of himself to it.

These are just some of the examples of what we mean by the Clinical Diagnostic Teaching Method. The therapeutic alliance that developed between adult and child and the sensitivity and awareness of the adult allowed Jane to provide the insights and strategies that enhanced growth through the emotional, experiential and cognitive channels, integrating all aspects of treatment.

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